Amendments to the Specification

On page 2, please amend the paragraph beginning at line 18 as follows:

A total hip replacement is a surgical procedure whereby the diseased cartilage and bone of the hip joint is surgically replaced with artificial materials. As shown in FIGURE 1, the normal hip joint is a ball and socket joint. The socket is a "cup-shaped" bone of the pelvis 180 called the acetabulum. The ball is at the head of the femur 170. Total hip joint replacement generally involves: (1) surgically removing the diseased ball and socket; and (2) replacing them with a metal ball and stem 210 inserted into the femur bone and an artificial plastic cub socket 220 (see FIGURE 2). The metallic artificial ball and stem are referred to as the "prosthesis." Upon inserting the prosthesis into the central core of the femur, it is fixed with a bony cement. Alternatively, a "cement-less" prosthesis may be used that allows bony in growth from the normal femur into the prosthesis stem. Even after hip replacement surgery, it often becomes necessary to perform further surgery due to further deterioration of the bone or to perform further repair of the replaced hip. If a patient falls and injures a replaced hip, the bone fracture will often occur at the distal tip of the prosthesis, thereby requiring replacement of the prosthesis and/or repair of the femur.

On page 10, please amend the paragraph beginning at line 2 as follows:

The transition portion 307 of the connector 300 is preferably sufficiently narrow such that it may be bent by a surgeon to provide a better fit between the connector 300 and the femur 150. Optionally, as shown in FIGURE 5A, the inferior end 310 of the connector 300 may be bowed to conform with the anterior bow in the femur 150. The inferior end 310 may also be bowed in other directions to follow any other unique bows or rotations of the femur 150.

On page 11, please amend the paragraph beginning at line 15 as follows:

FIGURES 13-17 disclose additional embodiments of connector for re-attaching a greater trochanter 160 to the femur 150 in accordance with a preferred embodiment of the

present invention. As illustrated by these alternative embodiments, integral crimps may or may not be used for the cable apertures along the superior end of the connector. In addition, the number of slots 355, cable screws 365, and cable apertures 360 may ~~be~~ vary.

On page 13, please amend the paragraph beginning at line 18 as follows:

In another aspect of the present invention, the device includes a modularity feature. The modularity feature may be implemented, for example, by using a superior end and an inferior end of choice size to closely fit the patient's skeletal frame. FIGURES 18-21 illustrate one embodiment of a modular construction of the connector 1800 having a superior end 1805 and an inferior end 1810. FIGURE 18 illustrates the superior and inferior ends 1805 and 1810 mated together and FIGURE 19 illustrates detached superior and inferior ends 1805 and 1810. FIGURE 20 illustrates the superior end 1805 with a first transition portion 1815 and FIGURE 21 illustrates the inferior end 1810 with a second transition portion 1820. In the embodiments of FIGURE 20-21, the first and second transition portions ~~1810~~ 1815 and 1820 are a tongue and groove, respectively. The two ends 1805 and 1810 may be secured together using one or more screws through apertures 1825. It is clear, however, that one skilled in the art would be able to utilize a variety of methods for securing the two portions together. This modularity feature allows the apparatus to be fitted to femoral heads and femoral shafts of a variety of sizes and shapes without need for manufacture and inventory of an unreasonable number of differently sized models of this apparatus.